Mortality Rate is defined as the number of deaths in the age group 0-4 yrs per 1000 population in that age group. The comparative figures for these rates are given below:

	IMR	Child(0-4 yrs) M.R.
1991	80	26.5
1981	110	41.2
1971	129	51.9
1951	148	Not available

Under five Mortality Rate (U5MR) is defined as the probability of dying between birth and exact age five. According to the National Family Health Survey conducted in 1992-93, India's U5MR was 109.3 per 1000 live births.

(c) As per the UNICEF, 'State of the World Children-1998' out of the 191 countries ranked in descending order for their estimated U5MR in 1998, India ranked 49th. The U5MR of selected developing countries is shown in the table at Annexure A.

(d) The major reasons for the high mortality among children include prematurity, acute respiratory infactions including pneumonia and diarrhoea. Maternal anemia due to inadequat maternal nutrition, low birth weight, illiteracy and poverty are some of the important contributing factors.

Population Stabilization Programmes

951. SHRI RAMDAS AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Indian Medical Association has blamed the lack of will among bureaucrats and Government's failure in respect of the existing population stabilisation programmes in the country; as reported in the Hindustan Times dated the 14th February, 2000;

(b) whether the private sector in health care has decided to step

forward to coordinate a movement for better reproductive health and population stabilisation through it vast network; and

(c) if so, what steps Government have taken so far in this regard and with what results, indicating budgetary allocations made/ expenditure incurred during the Ninth Five Year Plan period, as compared to Eighth Five Year Plan?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) Yes, Sir. The Government is aware of the news item under caption "IMA initiates steps for population control, reproductive health" which appeared in The Hindustan Times dated 14th February, 2000.

(b) Professional bodies like Indian Medical Association, Indian Academy of Pediatrics, National Neonatology Forum and Federation of Obstetrics & Gynecology (FOGSI) are being actively involved in delivery of Health Care Services included in the Reproductive and Child Health Programme. These organisations have a large network of practicing physicians in the private sector. Efforts are focussed on seeking their active involvement in the Reproductive and Child Health Programme.

(c) The population stabilisation programme has been substantially revamped and stengthened.

A major development has been the adoption of the comprehensive, integrated and holistic programme of reproductive and child health, since October, 1997 which amalgamates all earlier initiatives like the maternal and child health, the universal immunisation programme, and the child survival and safe motherhood.

The RCH programme bridges gaps in earlier programmes by focussing on neglected geographical sectors. For instance, it brings in area projects for the poorly performing states and districts, and integrated projects for remote/border districts. Similarly, it focusses on segments of the population earlier overlooked such as the urban slums, adolescent health and even on men as partners in planned parenthood. A coordinated training schedule is underway in every

state through 16 collaborating training institutions, to sensitise the health care personnel at different levels. Information, education and communication campaigns have generated universal awareness about the significant benefits from fewer children, better spacing, better health and nutrition, and better education.

The budget alloction outlays for the Ninth Five Year Plan period are Rs. 15120.00 crores for the Family Welfare programme, a major improvement upon the budget outlays for the Eighth Five Year Plan of Rs. 7018.68 cores.

As a result of all of the above, the achievements of the Family Welfare programme have been quite substantial. Some States like Kerala, Tamil Nadu and Goa have already achieved the goals set for 2000 AD and States like Andhra Pradesh, Karnataka, Gujarat, Maharashtra are close to achieving the goals. However, some States are lagging behind primarily on account of slow achievment of socio-economic indicators.

Crude Birth Rate has reduced from 40.8 in 1951 to 26.4 in 1998. IMR has reduced from 146 in 1951 to 72 in 1998. Couple Protection Rate has increased from 10.4.% in 1971 to 44% in 1999, Crude Death Rate has reduced from 25 in 1951 to 9.0 in 1998 and Total Fertility Rate has reduced from 6 in 1951 to 3.3 in 1997.

Controlling the Tuberculosis

†952. SHRI JHUMUK LAL BHENDIA: Will the Minister of HEALTH AND FAMILY be pleased to state:

(a) whether it is a fact that one person per minute is dying due to tuberculosis in India, stating the percentage or rate of success of the efforts to control it;

(b) what are the reasons that Government's claim that it have got control over this disease, are proving to be hollow; and

(c) the time to be taken further to tackle this disease and

†Original Notice of the Question was received in Hindi.